

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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48		/				
49		/				
50		/				
TOTAL IND.	7					
TOTAL DEP.	20					
TOTAL CLAIMS	97					

	IND	DEP	IND	DEP	IND	DEP
51	/					
52		/				
53	/					
54		/				
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TOTAL CLAIMS						